

TRICARE Northwest

Volume 1,Issue 6

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February 1, 1999

FHFS To Fill Prime Gap in Thurston/Kitsap Counties

FHFS has announced

☆ that it will create new primary care clinics in two areas where beneficiary demand has exceeded new provider ☆ recruitment for the TRICARE Prime network to replace Group Health. The managed care support contractor plans to stand up clinics ☆ in Thurston and Kitsap ☆ Counties by March 1. [☆] "From the beginning of the transition, we have said that we will do the right thing," explained ☆ FHFS regional vice president Larry Naehr. ☆ "We want to ensure that those leaving the Group Health network have adequate TRI-☆ CARE Prime options in ☆ the civilian community. ☆ In these two counties where provider recruitment has been less than optimal, we feel that we have an obligation ☆ to our customers to go the distance on their behalf," he concluded.

Group Health Prime Enrollees Attend Open Houses

Several military treatment facilities hosted open houses in January as a means of encouraging Group Health TRICARE Prime enrollees to switch their Prime enrollments to the military facility. Group Health will drop out of the TRICARE network on March 1. All of the open houses were deemed successful by their respective organizers. "I think that the turnout exceeded the expectations of the planners in every instance," ex-

plained Chris Hober, TRICARE Northwest Marketing and Education Director. "We learned some lessons along the way too," he explained. "Every open house had people showing up an hour before the event was scheduled to begin. Many simply wished to have some of their questions answered regarding the provider listings in their county, but the TRICARE Service Centers were also busy with those who came to enroll at the military facility on that day." At the

Fairchild AFB 92nd Medical Group Hospital, for example, more than 250 people attended the open house, with 64 enrollments on the spot. Over 58% of those who attended the McChord Clinic open house opted for a PCM at the clinic.

The open houses were a joint effort of the MTF and FHFS, with Foundation providing refreshments, displays, promotional and educational material, and staff to answer beneficiary questions.•

"Real" Training Provided For Fleet Hospital Five Staff By Judith A. Robertson, Public Affairs Officer

NAVAL HOSPITAL,

BREMERTON -- When

Coast Guard Yeoman

2nd Class Patricia Pilk
ington agreed to have the

operation she needed on

her left clavicle accomplished within the canvas

confines of deployable

training tents Dec. 16,

she did not realize that

her procedure would make Fleet Hospital Five surgical history.

The staff of Fleet Hospital Five, the expeditionary arm of the 'brick and mortar' parent facility, Naval Hospital, Bremerton, set a precedent and wrote history, with the operation.

Pilkington, who is assigned to Vessel Traffic Service, Puget Sound, with the U.S. Coast Guard in Seattle, may very well be the first person operated on in any deployable Navy training set within the continental United States, according

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Learning is like rowing upstream: Not to advance is to drop back.

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Fleet Hospital Five...

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to Fleet Hospital Five's Commanding Officer, Capt. Dan Snyder. "The Navy has worked for six years to realize this. This is the culmination of the dream and it is unprecedented in the Navy. Other hospitals have Fleet Hospital structures set up for training exercises, but we are the first to provide patient care," he said. Snyder, who is also the Executive Officer for the Naval Hospital, knew that the surgery was a crucial step toward the primary goal of readiness for the 978 personnel currently assigned to Fleet Hospital Five.

Senior Chief Hospital Corpsman Jerry Meneses, who has been instrumental in setting up and preparing the tent-based treatment facility, said that while the concept of real patient care in the on-site training facility is exactly opposite to what is normally done in training scenarios, it is actually forward thinking. "Normally we take our personnel out to the field and conduct training on simulated patients with simulated field scenarios. Everyone knows this is not impossible, nor difficult to achieve. But our training, done in garrison in a simulated field environment, using real situations, develops our skills allowing us to

be ready for an operational mission should duty call. This is better than striking gold in your back yard," said Meneses, who is also Fleet Hospital Five Command Senior Chief.

According to Snyder, patient care in the Fleet Hospital Five training set will be provided solely to volunteer active duty patients at this time. But thanks to volunteer patient, Pilkington, the process of patient care in a tent, is underway, and all agree the shake-down cruise for FH5 went well. "The whole routine went smoothly, from intake to discharge," said Covey, Pilkington's orthopedic surgeon. "The crew was great. It was very rewarding and I saw some very ingenious solutions to the few small problems that did arise."

Pilkington agreed. "I'm a surgery pro. This is my sixth surgery and except for the color of this place, I saw no difference. Capt. Covey is a great doctor. I had the same great people and the same great care."

FH5 staff treats active duty personnel only at the tent-based facility at a walk-in sick call held each Mon. from 8 - 9:30 a.m. and an Orthopedic Fracture Clinic on Weds. 9 to 10:30 a.m.

Madigan's Emergency Department Helps Flood Victims

The Madigan Army Medical Center's Emergency Department swung into action over the holidays by evacuating flood victims. Valerie Kvool, supervisor of the Ambulance Service, says "MAMC provided the Pierce County Department of Emergency Management with an ambulance and a large wheel chair bus to help transport flood victims." Kvool said the flood victims were patients at the Nisqually River Care Center in McKenna. She said most of the victims were wheelchair bound.

The Nisqually River Care Center residents were stranded when the Nisqually River crested at flood stage on December 30. The MAMC emergency department provided the Ambuses that can be converted to carry either 12 litter patients or a combination of litter patients and ambulatory patients. The evacuation was completed in a record hour and a half and two trips.

"We have a long history and relationship with Pierce County Emergency Management particularly on the

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Geriatric Conference 29 March at Madigan

Madigan Consolidated Education will be sponsoring an all day geriatric conference on March 29. The conference is targeted at nursing personnel, but is open to all regional medical staff. The objective of the program is to provide instruction that will enhance age-specific competencies (JCAHO requirement). The program will be in Letterman Auditorium and the following topics will be presented: geriatric assessment, community resources for the elderly, pharmacy considerations in the ederly, depression in the elderly, nutritional concerns and social work issues. For more information, contact MAJ Penny Moureau at 968-1356.



CEIS Update

Beginning 27 January 1999, the CEIS Program Management Office moved all of its CEIS Quantum/Trendpath basic user training to its web site (www.ceis.ha.osd.mil). Specific instructions are attached. This web based training is an effort to better serve and meet the needs of our customers. Should any assistance be required, the CEIS team is always available to help meet these needs. The team can be reached at these numbers: System Administrator – Mike Fitta, 253-968-2902, DSN: 782-2902 Regional Trainer - Alice Dowie, 253-968-0424, DSN: 782-0424 <u>Data Analyst</u> - John Elshaw, 253-968-2470, DSN: 782-2470 Data Base Administrator -

Bruce Gidney, 253-968-3406, DSN: 782-3406. •

Online Enrollment Procedures for CEIS Training By following these steps and tips, users can obtain a CEIS Web account and also enroll for CEIS training. **Enrollment Prerequisite: CEIS Web Account** Before enrolling for a CEIS training class, a user needs a CEIS Web account: 1. From the CEIS Home Page, select the "login" button located on the left-hand side of the screen. 2. Click on the "Request An Account" button. Complete all requested information, click the "Submit Enrollment" button. After confirming your information is correct, you will immediately received a USERID and password. (Make note of your USERID and password you'll need these to enroll for classes later.) **Online CEIS Training Enrollment** Any user who has a CEIS Web account can enroll in CEIS training: 1. From the CEIS Home Page, choose the "Login" button. 2. Enter your USERID and password, then press "Enter". 3. From the CEIS Application page, under Home Base, click on the "Quantum/Trendpath" button. (Continued on page 4) ** ** ** ** ** ** ** ** ** ** ** **

CEIS Enrollment On-Line, Contd.

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- 4. Before enrolling into the Distance Learning Tool, users must take the *Security Awareness Certification* (SAC).
- 5. Once you have completed the Security Awareness Training, you will receive an immediate online verification. Read the information and decide if you want to accept or decline the SAC agreement.
- 6. You can then return to the Quantum/ Trendpath Home Base and immediately enroll in Quantum/Trendpath training. You will receive an electronic confirmation of your enrollment.
- 7. From the Security Awareness Completed screen, click on the "Quantum/Trendpath Home Base" option.
- 8. From the Quantum/Trendpath Home Base screen, click on the "Enroll in Quantum/Trendpath training" option.
- 9. From the Web Based Training screen, select the "Enroll" button to begin Quantum/Trendpath training.
- 10. From the Email Verification screen, verify that the email information is correct.
- 11. You will be asked if you are assigned to the MFT or Lead Agent. Answer yes or no.
- 12. From the Web Base Training screen, select the "Proceed to Quantum/Trendpath Home Base" option.
- 13. From the Quantum/Trendpath Home Base screen, select the "Begin Quantum/ Trendpath Training" option.
- 14. From the CEIS Learning Center, select the "Classroom" option.

Congratulations, you are now registered for training in the CEIS: Quantum/
Trendpath Distance
Learning tool.

Changes in Madigan Army Medical Center's Pharmacy Policies

Changes have occurred in the Outpatient Pharmacy at Madigan Army Medical Center (MAMC).

All prescription refill requests must now be called in through the pharmacy automated refill service (253) 968-2999 or by using the Internet refill page at: www.mamc.amedd.army.mil/refill.htm this service is for Drive-Through pick up only). Refills may be picked up using the Drive-Through pharmacy or the Main pharmacy. Exceptions will be made on a case by case basis.

There are changes for prescriptions from outside providers, as well. An outside provider is any doctor seen outside of Madigan Army Medical Center. All prescriptions from outside providers will be filled at the AAFES Mini-Mall Pharmacy located at the Fort Lewis Post Exchange annex. This policy change is in response to customer comments stating that the wait time for outside provider prescriptions was too long. Patients who see outside providers now have their "own" pharmacy to attend to their needs.

Walk-up refills will no longer be accepted at the AAFES Mini-Mall Pharmacy, unless the refills are accompanied by a new prescription. Patients with a total of five or less prescriptions refills will have their prescriptions processed in the order they are received at the Mini-Mall Pharmacy.

If a patient has more than five prescriptions, they may drop them off and return later that day or the following day to pick them up. Patients with a total number of prescription refills less than five will be serviced the same day.

Active duty members in uniform may continue to use the AAFES Mini-Mall Pharmacy for all their prescription needs as in the past, including both new and refill prescriptions.

For more information, please call (253) 968-2529, during normal duty hours. Please direct any questions to: SGT McCallum, NCOIC, Drive-Through Pharmacy; CPT Freeling, Chief of Outpatient Pharmacy; MAJ Torkilson, Chief, Pharmacy Operations.